



2005 White House
Conference on Aging

Schmieding /ILC Solutions Forum on Elder Caregiving

June 2, 2005 ♦ 9 am -12 noon

Schmieding Conference on Elder Homecare

June 2, 2005 ♦ 12 noon - 4 pm

REPORT OF FINDINGS

LARRY D. WRIGHT, M.D.
THE GROWING SHORTAGE
OF IN-HOME CAREGIVERS

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SOLUTIONS FOR KEEPING ELDERS AT HOME FOR LIFE

TESTIMONY OF LARRY D. WRIGHT, M.D.

TO THE POLICY COMMITTEE OF THE WHITE HOUSE CONFERENCE ON AGING

My name is Larry Wright. I am a geriatrician with twenty-six years of clinical practice experience in northwest Arkansas. My formal post-graduate medical education includes internal medicine residency training and a fellowship in geriatric medicine. I am board certified in both areas by the American Board of Internal Medicine. In addition to my clinical practice of geriatric medicine, since 1997 I have been Medical Director of Senior Health for Northwest Health System, currently overseeing the medical care in four senior clinics and two community hospitals in Northwest Arkansas. Since its founding in January 1999, I have served as Director of the Schmieding Center for Senior Health and Education, a program of the Donald W. Reynolds Institute on Aging and one of seven regional centers on aging of the Arkansas Aging Initiative. I hold a faculty appointment of assistant professor in the Donald W. Reynolds Department of Geriatrics at the University of Arkansas for Medical Sciences.

SUMMARY OF FINDINGS

One of the most important questions to be addressed by the 2005 White House Conference on Aging is “**Who will care for our aging population?**” Consider the following aspects of this challenge as it relates to the preference of older adults to continue to reside in the community and avoid institutional long-term care.

- **There is already a shortage of long-term care paraprofessionals, which is becoming ever more acute--and very few of them are well trained to provide the quality of in-home caregiving that is needed.**
 - Within 5 years, 1.2 million additional paid caregivers (nursing and home health aides) will be needed.
 - And the traditional pool from which these direct care workers have been drawn is shrinking, not growing.
 - Within 25 years, the numbers of Americans over 65 will more than double and the number of elders over 85 will double. At least **2,000,000** elders will require personal care. By 2030, the number of older adults will have grown to 70 million (125% increase from 1990), including a

doubling of the 85 years and older population to 8.9 million. It is this group who will have the greatest health and caregiver needs. It is estimated that 20%-50 % of the older population will require basic nursing care or help with activities of daily living.

- The ratio of working age adults to older care recipients will decline by 40% between 2010 & 2030.
- Most older adults could receive satisfactory care in the home, including the majority of residents receiving care in nursing homes, if there were a sufficient number of trained direct care workers to provide part of the caregiving which would otherwise be too burdensome for families alone to provide.
- **There is also a growing shortage of informal caregivers, usually family members, available to provide in-home caregiving--and very few of them are well trained to provide the quality of in-home caregiving required.**
 - Currently, most in-home caregiving is provided by families, the so-called informal caregiving workforce. It is these unpaid caregivers who save the country an estimated \$56-\$94 billion but one study suggested that this contribution to elder caregiving might even be twice that higher number. It is feared that mounting pressures on this informal workforce will actually result in a decline in its numbers just when the demand is expected to be at its worst.
 - The typical caregiver for an older adult is a female family member, married and in her mid-40's, who also works fulltime. She spends on average 11 hours per week providing care, although 36% spend 21 hours per week or more in these activities. Her outside employment is often negatively affected by increased absenteeism and diminished productivity on the job due to the demands of elder caregiving
 - Most family caregivers have no training for home caregiving. Even more alarming is the fact that most hired direct-care workers also lack adequate training for home caregiving.
- **There is a rapidly growing population of elders who will require *well-trained* caregivers to stay at home, which is both their preference and the most cost-effective way to provide care for them**
 - Because of increasing numbers of elders and their increasing longevity, there is a growing number of elders who suffer from chronic physical and mental illnesses and who are functionally dependent. This functional dependency impairs the ability of many elderly individuals to maintain basic self-care and independent living. The need for assistance with these basic activities of daily living (ADL's) is the most frequent reason when

elders are at risk for institutional care. Therefore, it is this non-medical assistance--personal caregiving--which is the most important factor in allowing older persons to continue to reside in the community.

- **The majority of in-home caregiving (paid or family-provided) is not covered by Medicare or Medicaid.**
 - Medicare provides home health aides only while skilled nursing care or acute rehab services are required (usually post acute hospitalization) and only for a limited time, typically only a period of several weeks. Medicaid pays for such personal care in the home only for the low-income qualified elder patient.

Factors *increasing* demand for direct care workers in the home:

1. Increase in the aging population.
2. Increase in the numbers of the oldest old and those with the greatest number of chronic diseases and disabilities.
3. Trends away from institutional long-term care in favor of more care provided in the home. (Increasingly, older adults of the future will regard nursing homes as an unacceptable option.)
4. Recognized need for trained caregivers which currently are largely unavailable.
5. Indicators predicting longer periods of disability and caregiving need.

Factors *decreasing* supply of workers for in-home care:

1. Increase in the number of women in the general American workforce, resulting in fewer informal caregivers.
2. Family caregivers with jobs outside the home experience increases in workday interruptions, absenteeism, turnover, lost productivity, limited work hours and early retirement.
3. Falling birth rate and delayed childbearing as well as increased childlessness serving to diminish the future pool of family caregivers.
4. Current Social Security policy does not credit unpaid family caregiving.
5. Family fragmentation (divorce, remarriage & geographic mobility) alters traditional filial expectations with respect to such responsibilities as family caregiving.

6. The existence of stepchildren and step-grandchildren mean the many young people are linked to a larger number of elderly relatives, diluting the pool of possible caregivers.
7. Lack of accessible, professional training for in-home caregiving.
8. Lack of benefits for the majority of in-home workers who are independent contractors.
9. Low base pay for the majority of direct care workers in the home whether employed independently or by an agency.

RECOMMENDATION AND REFORMS

The following are important recommendations for incentives and policy changes to help counter the growing shortage of in-home caregivers, which must be done to create a new home-centered paradigm for long-term care in America.

- **To Increase the *Number* of Long-Term Care Paid Direct Caregivers for Homecare:**

Attracting a large number of quality home caregivers will require the partnership of the public, non-profit, and private sectors to:

1. **Improve financial incentives, pay, benefits, and career-track incentives,** through new policies to provide employment benefits for the direct care workforce.
2. **Tap vital new sources of new direct care workers, specifically immigrants, by offering coordinated programs that combines financial incentives with an integrated training program that combines English as a Second Language programs and a standardized professional home caregiver training program that can certify graduates.**

- **To Increase the *Quality* of Long-Term In-home Elder Caregiving:**

Standards for the provision of in-home care should be established to bring this important area of service up to the levels of quality which exists elsewhere in our healthcare and social services systems.

If the projected trend toward increased community-based care and home care with the associated elimination of the institutional bias of America's long term care system is to become a reality, the creation of these standards and the

support of families to continue to contribute to the sustainability of such a sea change in elder care is imperative.

1. **Require education and *training* for all in-home caregivers whether they are independent contractors or organization/agency employees**
 2. **Establish a *certification* requirement for all paid in-home caregivers with a requirement for annual continuing education to maintain certification**
 3. **Support and provide incentive for the creation of an independent national association of certified home caregivers.**
- **To Increase the Number of *Informal Caregivers* & the Quality of Their Care:**

Recognize that both family caregivers and volunteer caregivers will be required in addition to paid caregivers to provide sufficient care for many elders who require higher levels of care. With the family structure deteriorating, volunteers must become an important component of the caregiving mix.

1. **Fund a national program to incentivize and support self-directed consumers, as well as removing institutional biases (both federal and state) that often make it very difficult for self-pay consumers to get the homecare help they need.** Start with regional demonstration projects.
2. **Develop policies which would create incentives for employers to support workers faced with family caregiving demands.** Perhaps an “Eldercare” program similar to that now offered for Childcare
3. **Provide tax credits and other financial incentives to family members faced with choices of leaving outside employment or paying for trained caregivers to come into to the home.**
4. **Incentivize community-based “Care-Coordination” Programs to provide a comprehensive program that coordinates education, information, and homecare services--with one phone call.** Too many family caregivers feel they are all alone with no real resources or network of help. Develop a central source where families can get trustworthy, coordinated assistance in getting the information, resources, education and training they need.
5. **Develop incentives to professionally-train volunteer caregivers from the community--specifically through churches and community service organizations**